

## Priority Topics for the Community Preventive Services Task Force, 2020–2025: A Data-Driven, Partner-Informed Approach



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**Introduction:** The Community Preventive Services Task Force periodically engages in a process to identify priority topics to guide their work. This article described the process and results for selecting priority topics to guide the work of the Community Preventive Services Task Force for the period 2020–2025.

**Methods:** The Community Preventive Services Task Force started with *Healthy People 2020* topics. They solicited input on topics from partner organizations and the public. The Community Preventive Services Task Force considered information on 8 criteria for each topic. They conducted preliminary voting and applied a priori decision rules regarding the voting results. The Community Preventive Services Task Force then engaged in facilitated deliberations and took a final vote. This process occurred October 2019–June 2020.

**Results:** From *Healthy People 2020*, a total of 37 topics were selected as the starting point. The initial voting and decision rules resulted in 3 topics being determined as priorities. Community Preventive Services Task Force members considered data and information on the criteria to inform their deliberations on an additional 7 topics. A total of 9 topics were selected as the set of priorities for 2020–2025.

**Conclusions:** Having a process that is routine and data-driven ensures that the selection of priorities is sound. By reviewing priority topics every 5 years, the Community Preventive Services Task Force will continue to provide relevant recommendations on community preventive services to improve the nation's health.

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### INTRODUCTION

The Community Preventive Services Task Force (CPSTF) is an independent, nonfederal panel of public health and prevention experts that provides recommendations and findings on programs, services, and other interventions to protect and improve population health.<sup>1</sup> These recommendations and findings are based on systematic reviews of evidence on effectiveness and economics. They comprise The Community Guide,<sup>2</sup> a resource for decision makers in the public and private sectors. The Community Guide Office at the Centers for Disease Control and Prevention provides scientific, technical, and administrative support to the CPSTF.<sup>3</sup>

The broad mandate of the CPSTF means there is a large universe of topics for review and potential recommendations. The CPSTF periodically selects priority topics to guide their work using a data-driven approach

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and soliciting information from partners and the public. This article elucidates this process and the results for the period 2020–2025. Documenting this process is important for the transparency of CPSTF actions and helps highlight how public health partners can provide input for the process that is expected to result in more relevant, useful recommendations from the CPSTF.

## METHODS

For the 2020 priority-setting process, the CPSTF considered topics from *Healthy People 2020*.<sup>4</sup> They then solicited nominations for topics from partners and the public, applied criteria to narrow the number of topics, engaged in deliberations, and ultimately selected a set of 9 priority topics.

Starting with a list of 42 topics from *Healthy People 2020*, the CPSTF reviewed and determined the ones that were out of their scope and those that could be combined or divided into multiple topics. A total of 37 topics based on *Healthy People 2020* were retained for consideration.

Nominations for priority topics were solicited from various groups during the period December 2019–April 2020. A notice in the Federal Register informed the public of the opportunity to comment.<sup>5</sup> CPSTF members and liaison organizations also nominated priority topics, as did senior leaders from various Centers for Disease Control and Prevention programs. Overall, 73 sources (agencies, organizations, or individuals) submitted a total of 230 nominations. After review, 11 of the 230 (5%) were determined out of scope. The remainder were aligned to the *Healthy People 2020* topics, which retained 37 topics on the initial list to be considered by the CPSTF.

The CPSTF identified 8 criteria to guide their selection (Table 1). Similar criteria have been used by the CPSTF since 1998, although they have been operationalized differently over time.<sup>6</sup>

A Summary Information Table was created for CPSTF members to use as a resource in their voting and deliberations (Table 1). This table included the 37 topics in rows and the 8 criteria in columns.

Table 2 shows the 10 topics with the highest number of nominations, reflecting 151 (69%) of the 219 in-scope partner nominations. The number of nominations for each topic was included in the Summary Information Table provided to CPSTF members in the Partner Interest column (Table 1).

Several decision rules guided the selection of topics. First, CPSTF members aimed for a final set of 6–9 priority topics. To create an initial set of priority topics, the CPSTF members participated in electronic voting where each member selected 10 topics from the draft list of 37 topics. A priori decision rules were set for initial voting: any topic receiving ≥11 votes was considered a priority and did not require further discussion or deliberation; any topic receiving 1–7 votes was considered low priority; and any topic receiving no votes was not considered for further action. Topics receiving 8–10 votes would be considered for further deliberation and voting. After the a priori decision rules were applied, CPSTF members would have the opportunity to bring back into consideration up to a total of 3 low priority topics to be considered and voted on, with a decision rule that ≥7 votes moved those topics into deliberations. The final vote, after deliberations,

**Table 1.** Criteria Used in CPSTF Priority Setting, 2020: Definitions and Data Sources

Characteristics	Criteria							
	Partner interest	Alignment	Balance	Burden	Disparities	Preventability	Coverage	Impact
Definition	The degree to which CPSTF partners demonstrate interest in, or priority of, the topic.	The degree to which potential intervention approaches within the topic align with federal or national efforts.	The degree to which CPSTF has a balance across public health topics and can fill evidence gaps.	The degree to which a topic reflects conditions with high burden or severity.	The presence of important health disparities that may be addressed by population health intervention approaches.	The degree to which population-relevant interventions could achieve prevention outcomes in this topic.	The ability for CPSTF to develop a robust set of recommendations based on a sufficient body of evidence.	The degree to which the CPSTF findings would be relevant and helpful to the field.
Data or information source	Number of partner nominations (total=219).	List of relevant HHS Strategic Plan (FY 2018-2022) objectives and HHS, CDC, or NIH priority initiatives related to the topic.	List of CPSTF recommendations and findings on the topic, by year. Information reflects existing body of CPSTF work.	<i>Healthy People 2020</i> (links to topic home pages).	Selected <i>Healthy People 2020</i> objectives and other sources. Disparities by age, race/ ethnicity, sex, income, geographic location.	CPSTF member's own assessment.	CPSTF member's own assessment.	CPSTF member's own assessment.

CDC, Centers for Disease Control and Prevention; CPSTF, Community Preventive Services Task Force.

**Table 2.** Number of Partner Nominations by Topic, CPSTF Priority Setting Process, 2020

Topics	Number of nominations
Social determinants of health	34
Substance use	22
Violence prevention	18
Injury prevention	18
Tobacco use	17
Nutrition and weight status	11
Maternal, infant, and child health	8
Preparedness and response	8
HIV	8
Mental health and mental disorders	7
All other topics	68
Total (in-scope nominations) <sup>a</sup>	219

<sup>a</sup>A total of 230 topic nominations were received; 11 were determined to be out of scope for CPSTF.

CPSTF, Community Preventive Services Task Force.

allowed each member to select up to 6 topics, and topics receiving  $\geq 7$  votes would be retained.

## RESULTS

Based on the initial voting and decision rules, 3 topics received  $\geq 11$  votes and were considered as priority topics: social determinants of health, substance use, and violence prevention. A total of 4 topics received between 8 and 10 votes and were moved to the deliberation process: preparedness and response, injury prevention, mental health, and tobacco use. CPSTF members brought back into consideration 3 topics, which were then discussed and voted on, resulting in 2 of these 3 topics moving to the deliberation process: heart disease and stroke prevention; and nutrition, physical activity, and obesity (as a single topic).

During deliberations, the CPSTF members and liaison representatives engaged in discussions about specific topics. This was followed by a round robin session to hear perspectives from each CPSTF member on the individual topics and the topics as a set. CPSTF liaison representatives were offered opportunities to contribute to the deliberations at various points in the process.

The CPSTF members discussed how their choice of topics could be useful in addressing long-term gaps as well as more recent needs, such as those highlighted by the coronavirus disease 2019 (COVID-19) pandemic and its social and economic context. CPSTF members also considered the presence or absence of an existing set of CPSTF reviews and recommendations, reflecting the balance criterion (Table 1). Members noted that some topics remained extremely important to the

**Table 3.** CPSTF Priority Topics, by Year of Priority Setting

Topic <sup>a</sup>	Year of priority setting			
	1998	2006	2015	2020
Tobacco use	X			X
Excessive alcohol use	X			
Substance use	X		X	X
Physical activity	X	X	X	X <sup>b</sup>
Nutrition/Weight status	X		X	X <sup>b</sup>
Sexual behavior	X			
Cancer	X	X		
Diabetes	X	X		
Infectious disease/vaccine preventable disease	X	X		
Pregnancy health	X			
Oral health	X			
Injury	X		X	X
Violence	X		X	X
Mental health	X	X	X	X
Social determinants of health	X	X	X	X
Heart disease and stroke prevention		X	X	X
Asthma		X		
Arthritis		X		
Occupational health		X		
Environmental health		X	X	
Sleep health			X	
Older adult health			X	
Preparedness and response				X

<sup>a</sup>Topic names have been revised over time; the most recent version of topic name is listed in the table.

<sup>b</sup>For 2020, a combined topic of Nutrition, Physical Activity, and Obesity was adopted.

CPSTF, Community Preventive Services Task Force.

CPSTF and the broader field of public health; however, these were not selected for the limited set of priorities in this cycle because the existing body of work would continue to provide reasonable guidance to the field.

The CPSTF members cast a final vote on each of the 6 topics that were deliberated. All 6 were retained by the decision rule of  $\geq 7$  votes, resulting in a set of 9 priority topics that were then approved by the CPSTF (Table 3).

## DISCUSSION

Using a data-driven process that accounted for input from a wide variety of partner organizations and the public, the CPSTF identified 9 priority topics to guide their work for the period 2020–2025. Identifying priority topics is the first in a 10-step process for The Community Guide systematic reviews.<sup>7</sup> In subsequent steps, the CPSTF approves interventions within these topics, which become the focus of systematic reviews. The

priority topics guide the overall work of CPSTF but do not preclude consideration of other topics.

### Limitations

Prioritization is inherently a comparative process, and the choice of metrics is a key challenge. The measurement of criteria such as burden and disparities and comparison of these metrics across conditions and populations is complex.<sup>6</sup> Therefore, the CPSTF made the decision to rely on data available through the *Healthy People 2020* website<sup>4</sup> to provide some comparability of data on several criteria across topics.

### CONCLUSIONS

Describing the CPSTF selection of priority topics ensures greater transparency of decisions made by the CPSTF and is meant to encourage partners to participate in the process. Partner involvement in systematic reviews is expected to enhance the relevance and uptake of the results for use in guiding policy and program decisions.<sup>8</sup> Having a routine process allows the CPSTF to address emerging topics of public health importance. Having a process that is data-driven ensures that the selection of priorities is sound. By reviewing priority topics every 5 years, the CPSTF will continue to provide relevant recommendations on community preventive services to improve the nation's health.

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